This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	7/13/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2016/1
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		single statement of account and royalty fee payment covering the entire accounting period. 774 774
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		SJOBERGS CABLEVISION INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		315 MAIN AVE N (Number, street, rural route, apartment, or suite number)
		THIEF RIVER FALLS, MN 56701
		(City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SJOBERGS CABLEVISION INC.	774
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir Note: Entities and properties such as hotels, apartments, condominiums, or m	ted communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	ROSEAU	MN
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SVSTEM						FORM SA1	TEM ID
Name								515	77
	SJOBERGS CABLEVISI	ON INC.							
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						iose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						le system.	broken	
scribers and	down by categories of secondar	y transmission	service.	In general, yo	u can com	pute the numbe	r of subscri	bers in	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate of							and the	
	unit in which it is generally billed								
	category, but do not include disc				ing otaniaal		, mann a p		
	Block 1: In the left-hand block	in space E, the	e form li	sts the catego					
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-n	and block. A th	vo- or three	e-word description	on of the se	ervice is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOND		TUTE	0/11		(III)	OODOONDENO	
	Service to first set		929	71.92/MO	MOTEL	. EXTRA SET		130	1.50/
	Service to additional set(s)	N/A		N/C					
	• FM radio (if separate rate)	N/A							
	Motel, hotel		2	71.92/MO					
	Commercial		3	71.92/MO					
	Converter	N/A							
	Residential	N/A							
	Non-residential	N/A							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat								
	not covered in space E, that is, t					,	,		
Services	service for a single fee. There an furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions:	Block 1: Give the standard rat							voro pot	
Rates	Block 2: List any services that listed in block 1 and for which a								
		separate onlarg			Shea. List				
	brief (two- or three-word) description	otion and includ	e the ra	ate for each.					
				ate for each.					
	brief (two- or three-word) descrip	BLOO	CK 1		VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
		BLOO	CK 1 CATEC	ate for each. GORY OF SER ation: Non-res		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLOO	CK 1 CATEO Installa	GORY OF SER		RATE T+M	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	BLOO RATE	CK 1 CATEC Installa • Mo	GORY OF SER ation: Non-res			CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOO RATE 11.00/MO	CK 1 CATEG Installa • Mo • Cor	GORY OF SER ation: Non-res tel, hotel		T+M	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOO RATE 11.00/MO N/A	CK 1 CATEC Installa • Mo • Cor • Pay	GORY OF SER ation: Non-res tel, hotel mmercial	idential	T+M T+M	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOO RATE 11.00/MO N/A N/A	CK 1 CATEC Installa • Mo • Cor • Pay • Pay	GORY OF SER ation: Non-res tel, hotel mmercial y cable	idential	T+M T+M N/C	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	BLOO RATE 11.00/MO N/A N/A	CK 1 CATEC Installa • Mo • Cor • Pay • Pay • Fire	GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl	idential	T+M T+M N/C N/C	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	BLOO RATE 11.00/MO N/A N/A N/A	CK 1 CATEC Installa • Mor • Cor • Pay • Pay • Fire • Bur	GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection	idential	T+M T+M N/C N/C N/C	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOO RATE 11.00/MO N/A N/A N/A N/A	CK 1 CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur • Bur	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection glar protection	idential	T+M T+M N/C N/C N/C	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOO RATE 11.00/MO N/A N/A N/A N/A	CK 1 CATEO Installa • Mo • Cor • Pay • Pay • Fire • Bur • Bur • Rec	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	idential	T+M T+M N/C N/C N/C N/C	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOO RATE 11.00/MO N/A N/A N/A N/C 35.00	CK 1 CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection "glar protection services: connect	idential	T+M T+M N/C N/C N/C N/C	CATEGO		RATE

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM
Name	SJOBERGS CABLEVI			7
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educate totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КХЈВ	4	N	FARGO/VALLEY CITY, ND
	КСРМ	5	l	GRAND FORKS, ND
vs as Necessary	СВЖТ	6	<u> </u>	WINNIPEG, MANITOBA
vs as Necessary	CBWT WDAZ	6 8	<u> </u>	WINNIPEG, MANITOBA DEVILS LAKE/GRAND FORKS, ND
vs as Necessary			I I E	
rs as Necessary	WDAZ	8	l I E N	DEVILS LAKE/GRAND FORKS, ND
s as Necessary	WDAZ KAWE	8 9		DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN
s as Necessary	WDAZ KAWE KVLY	8 9 11		DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND
as Necessary	WDAZ KAWE KVLY KNRR	8 9 11 17		DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND
rs as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
vs as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA
ws as Necessary	WDAZ KAWE KVLY KNRR CKY	8 9 11 17 7	N 1 1	DEVILS LAKE/GRAND FORKS, ND BEMIDJI, MN FARGO/GRAND FORKS, ND PEMBINA, ND WINNIPEG, MANITOBA

EGAL NAME O								SYSTEM II 7
	t every radio	station ca	arried on a separate and discr nerally receivable by your cat					Н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
	+							

	od: 2018/1						FO	RM SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	SJOBERGS CABLEVIS	SION INC.						774
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	ifv every nor	network televis	ion program broadcast by	- a <i>distant</i> stati	on that you	ır cahle syst	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				-			
Special	During the accounting per				s any nonnel	work televi	sion progra	m
Statement and		-		ourly, on a substitute basi				
Program Log	broadcast by a distant sta	uon?				L	YES	NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complet	e the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if the	ir meaning i	is
	clear. If you need more spa							
	period, was broadcast by a			ision program ("substitute p				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.			1 1 0	,	• •	,	
				r "Yes." Otherwise enter "N				
				sting the substitute progra			FOO	
	the case of Mexican or Can			e community to which the			e FCC or, in	1
	Column 5: Give the mor	th and day	when your syst	tem carried the substitute	orogram Use	numerals	with the mo	onth
	first. Example: for May 7 giv		when you sys			numeraio,	with the file	
			substitute pro	gram was carried by your o	cable system.	List the tin	nes accurat	ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	"D" :f +						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							Jian
		mining that y						
	effect on October 19, 1976.					na regulati		
	effect on October 19, 1976.					na regulati		-
				·	WHE	N SUBST	ITUTE	
		UBSTITUT	E PROGRAM	·	WHE CARRI	N SUBST	ITUTE	7. REASON FOR
				·	WHE	N SUBST	ITUTE	7. REASON FOR DELETION
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	 	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	
	s	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	I	WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE SURRED	

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SJOBERGS CABLEVISION INC.			S	SYSTEM ID# 774
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts	stem's se	econdary trans to compute this	mission servi s amount, see \$ 39	ce
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu • Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more inf	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee that yo	ou must pay for	this six-month	1
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	s 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	(but mo	re than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3	-			
	6. Subtract line 5 from line 4	-			
	7. Multiply line 6 by .005 (enter figure here)	-			
	8. Interest charge. Enter the amount from line 4, space Q, page 8				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 an	nd 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess than \$527	,600)	
	1. Enter the amount of gross receipts from space K		391,601.67		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		127,801.67		
	4. Multiply line 3 by .01	· · · · · · · · <u>-</u>	\$	1,278.02	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	· · · · · · · · <u>·</u>	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	· · · · · · - <u>-</u>		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5,	, and 6	······································	\$	2,597.02
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · - <u>-</u>	\$	2,597.02	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · · · · - <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,617.02
	Important: Your remittance must be in the form of an electronic paymer See page i of the general instructions in the paper SA1-2 f		-		ghts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: CABLEVISION INC.	SYSTEM ID 774
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	9
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Richard J Sjoberg Telephone 218-6	81-3044
	Address	315 Main Ave N (Number, street, rural route, apartment, or suite number) Thief River Falls, MN 56701 (City, town, state, zip)	
	Email	rsjoberg@mncable.net Fax (optional) 218-681-6801	
O Certification	I, the undersig (Ow (Age X (Of I have examinare true, comp	In (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Inter other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. red the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] $ \frac{\chi}{\chi} / s/ Richard J Sjoberg} $ Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Richard J Sjoberg Title: President	
		(Title of official position held in corporation or partnership) Date: 8/12/18	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephoi numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of Iav

unting Period: 2018/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BERGS CABLEVISION INC.	774
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.